

Risk Reduction Observation: Follow-Up Session Positive HCV Result

Risk Reduction Specialist: _____ Observer: _____

Session Date: _____ Site/Location: _____

Did this Risk Reduction Specialist (RRS) also do the initial counseling for this client? ☐ Yes ☐ No

Instructions: Using your *Session Evaluation Notes*, please check the *Met* column to show that the area was covered satisfactorily during the session. Check the *Not Met* column to show that the RRS tried to cover a topic but needs improvement, and check the *Not Tried* column to show that the RRS did not try to cover the topic at all. Check the *N/A* column if the topic was not applicable. Use the *Comments* area to give more detail.

		Met	Not Met	Not Tried
Orient To Session and Provide Test Result	Introduce yourself to client <i>(if first meeting with client)</i> .			
	Re-explain confidentiality.			
	Verify that the result belongs to the client.			
	Assess client's readiness to receive result.			
	Provide result clearly and simply.			
	Allow the client time to absorb the meaning of the result.			
	Explore the client's understanding of the result.			
	Assess how the client is coping with the result.			
	Address immediate concerns and fears.			
	Acknowledge the challenges of dealing with a positive HCV result.			
	<i>If applicable</i> , assess result with feelings about any other STD/HIV tests performed.			
	Did the RRS provide the result according to standards? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments:			

Identify Sources of Support and Provide Referrals		Met	Not Met	Not Tried	N/A
	Assess who the client would like to tell about his/her positive test result.				
	Provide referral to confirm HCV presence.				
	Identify current health care resources.				
	Assess the client's receptiveness to referrals.				
	Help the client access the referral services.				
	<i>If applicable</i> , address HCV ambiguity for clients who defer referral to confirm ongoing HCV infection.				
	Identify a family member or friend to help the client deal with HCV.				
	Discuss wellness strategies or "living positively." <i>(If the client is not prepared for this, offer him/her printed materials for later review)</i>				
	Address the need for health care providers to know client's test result.				
Comments:					

Address Risk Reduction Issues		Met	Not Met	Not Tried
	Refer to client's RR step.			
	Assess client's plan to reduce risk of transmission.			
	Encourage client to protect him/herself from additional liver damage.			
	Address disclosure of HCV status to current and future partners.			
	Revise the RR step.			
	Document the revised RR step with a copy to the client.			
	Did the RRS help the client develop a realistic RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Did the step address HIV/STD/HCV risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step appropriate to the client's risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step SMART? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the step work from the client's strengths? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			

Summarize and Close the Session		Met	Not Met	Not Tried	N/A
	Validate client feelings.				
	Summarize key issues addressed.				
	Review client and RRS contact information.				
	Get the client's immediate plans.				
	Close the session.				
	Comments:				

Instructions: For this section, mark those skills, concepts and components the RRS used well in the first column, the skills she/he tried, but needs improvement on in the second column, and those skills she/he could have used but didn't in the third column.

Use of Counseling Skills, Concepts, and Components		Used Well	Needs Improvement	Could have used but didn't
	Kept client's emotional status in mind.			
	Maintained focus on RR.			
	Redirected client when necessary.			
	Used open-ended questions.			
	Used active listening techniques.			
	Gave information simply.			
	Was nonjudgemental.			
	Offered options, not directives.			
	Provided opportunities for client to build skills.			
	Supported client.			
	Summarized and closed the session.			
Comments:				

What things interfered with or supported the RR session (e.g. setting, interruptions)?

What did the RRS do that enhanced the quality and outcome of the session?

What could be improved about the RRS's work in this session?

Describe the RRS's use of the protocol.

Is there a need for an action plan for further improvement of the RRS's work? ☐ Yes ☐ No If yes, please describe.

Did the RRS follow the goals in the correct order? ☐ Yes ☐ No If not, why not?